



#4182

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/464762
Filing Date	12/16/99
First Named Inventor	Stephen Fuld et al
Art Unit	2763
Examiner Name	N/A
Attorney Docket Number	SJO919990081US1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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☒ The address associated with  
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name Randall J. Bluestone

Signature

Date March 8, 2004

Telephone 408-256-6573

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	09/464762
Filing Date	12/16/99
First Named Inventor	Stephen Fuld et al
Title	A Method And System For.....
Art Unit	2763
Examiner Name	N/A
Attorney Docket Number	SJO919990081US1

I hereby appoint:

☒ Practitioners associated with the Customer Number: 29,683

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.  
☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
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**SIGNATURE of Applicant or Assignee of Record**

Name	Randall J. Bluestone		
Signature			
Date	March 16, 2004	Telephone	408-256-6573

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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